

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			
	KTN	32 P70 625	8/22 07 11 64 10-17-01
	M.H.		

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final Original 1/4/10	
1 - ✓ ✓	
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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